

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3340	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/26/2022
NAME OF PROVIDER OR SUPPLIER SBH MADISON LLC DBA MIRAMONT BEHAV HLTH		STREET ADDRESS, CITY, STATE, ZIP CODE 3169 DEMING WAY MIDDLETON, WI 53562		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
X 000	Initial Comments On 07/26/2022, an on-site renewal survey and complaint investigation (WI00044944) were conducted. The provider holds certification under Wisconsin Administrative Code(s): DHS 61.71, DHS 61.75, DHS 61.79. A random sample of 5 client records and 7 staff records were reviewed. Two deficiencies were identified. Complaint was substantiated.	X 000		
X9409	DHS 94.03 PATIENT RIGHTS INFORMED CONSENT (1) Any informed consent document required under this chapter shall declare that the patient or the person acting on the patient's behalf has been provided with specific, complete and accurate information and time to study the information or to seek additional information concerning the proposed treatment or services made necessary by and directly related to the person's mental illness, developmental disability, alcoholism or drug dependency, including: (a) The benefits of the proposed treatment and services; (b) The way the treatment is to be administered and the services are to be provided; (c) The expected treatment side effects or risks of side effects which are a reasonable possibility, including side effects or risks of side effects from medications; (d) Alternative treatment modes and services;	X9409		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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X9409	<p>Continued From page 1</p> <p>(e) The probable consequences of not receiving the proposed treatment and services;</p> <p>(f) The time period for which the informed consent is effective, which shall be no longer than 15 months from the time the consent is given; and</p> <p>(g) The right to withdraw informed consent at any time, in writing.</p> <p>(2) An informed consent document is not valid unless the subject patient who has signed it is competent, that is, is substantially able to understand all significant information which has been explained in easily understandable language, or the consent form has been signed by the legal guardian of an incompetent patient or the parent of a minor, except that the patient's informed consent is always required for the patient's participation in experimental research, subjection to drastic treatment procedures or receipt of electroconvulsive therapy.</p> <p>(2m) In emergency situations or where time and distance requirements preclude obtaining written consent before beginning treatment and a determination is made that harm will come to the patient if treatment is not initiated before written consent is obtained, informed consent for treatment may be temporarily obtained by telephone from the parent of a minor patient or the guardian of a patient. Oral consent shall be documented in the patient's record, along with details of the information verbally explained to the parent or guardian about the proposed treatment. Verbal consent shall be valid for a period of 10 days, during which time informed consent shall be obtained in writing.</p>	X9409			

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X9409	<p>Continued From page 2</p> <p>(3) The patient, or the person acting on the patient's behalf, shall be given a copy of the completed informed consent form, upon request.</p> <p>(4) When informed consent is refused or withdrawn, no retaliation may be threatened or carried out.</p> <p>Note: Additional requirements relating to refusal to participate in prescribed treatment are addressed under s. DHS 94.09.</p> <p>This Rule is not met as evidenced by: Based on record review, the facility did not obtain written informed consent from clients for prescribed psychotropic medications. This was evident for 2 of 3 clients (Client 1 and Client 2) reviewed receiving medication(s) from one of the facility's Advanced Practice Nurse Prescribers.</p> <p>Findings include:</p> <p>On 07/26/2022, Surveyor reviewed the clinical records for Client 1 and Client 2, on-site in the electronic health records system (EHR) with Education Registered Nurse E.</p> <p>Client 1 was prescribed Lorazepam 1mg for anxiety on 05/26/2022 by Advanced Practice Nurse Prescriber G (APNP G). Client 1 was prescribed Quetiapine 100mg for anxiety on 05/26/2022 by Advanced Practice Nurse Prescriber G (APNP H). Client 1 was prescribed Venlafaxine 37.5mg for depression on 05/27/2022 by APNP H. Client 1 was prescribed Hydroxyzine Pamoate 25mg for anxiety on 05/27/2022 by APNP G. Surveyor and Education Registered Nurse E were unable to locate signed medication</p>	X9409		

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X9409	Continued From page 3 consent documents for Lorazepam, Quetiapine, Venlafaxine, and Hydroxyzine Pamoate in the EHR. Client 2 was prescribed Fluoxetine 10mg for depression on 07/19/2022. Surveyor and Education Registered Nurse E were unable to locate a signed medication consent document for Fluoxetine in the EHR. Clients should be given and have someone to explain informed consent documents, that meet all the requirements under Wisconsin Administrative Code DHS 94.03(1). Written informed consent for psychotropic medications should be retained as part of the client records. On 07/26/2022 at approximately 1:45p.m., Surveyor discussed the above findings with Chief Executive Officer A, Education Registered Nurse E, and Quality Assurance Specialist I. Surveyor explained this would result in a citation.	X9409			
X9447	DHS 94.23 PATIENT RIGHTS DISCHARGE OF VOLUNTARY PATIENT (1) When a voluntary inpatient requests a discharge, the facility director or designee shall either release the patient or file a statement of emergency detention with the court as provided under ss. 51.10 (5), 51.13 (7) (b) and 51.15 (10), Stats., and this section. (2) If a voluntary inpatient requests a discharge and he or she has no other living quarters or is in need of other services to make the transition to the community, the following actions shall be taken by the facility director or designee prior to	X9447			

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X9447	<p>Continued From page 4</p> <p>discharge:</p> <p>(a) Counsel the patient and, when possible, assist the patient in locating living quarters;</p> <p>(b) Inform the applicable program director, if any, of the patient's need for residential and other necessary transitional services; and</p> <p>(c) If no living arrangements have been made by the time of discharge, refer the patient to an appropriate service agency for emergency living arrangements.</p> <p>This Rule is not met as evidenced by: Based on record review and staff interview, the facility did not take all the actions under DHS 94.23(2) prior to discharge for 1 of 2 clients reviewed (Client 1) that were discharged from the community mental health inpatient program.</p> <p>Findings include:</p> <p>Client 1 was a voluntary patient within the community mental health inpatient program. Client 1 voluntarily discharged from the inpatient program on 06/01/2022. Client 1 had a Discharge Continuing Care Plan dated 06/01/2022, completed by Assessment and Referral Coordinator B, and Former Assessment and Referral Coordinator C. The Discharge Continuing Care Plan lists the discharge address as 1902 Bartillon Drive in Madison. A vacant warehouse is located at 1902 Bartillon Drive in Madison. The warehouse is the future site for a permanent shelter facility serving men experiencing homelessness. It is not currently open and operating.</p>	X9447		

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X9447	<p>Continued From page 5</p> <p>The Discharge Continuing Care Plan did not list any follow-up appointments for Client 1. The Discharge Continuing Care Plan listed the number for Rock County Human Services and stated, "Crisis didn't require a referral from us. Call the number to the left to get in touch about a screening for services." The Discharge Continuing Care Plan also stated, "Referral/apt made to addiction treatment provider." There was no additional documentation of who made the referral, when the referral was made, the agency referred to or the appointment on the Discharge Continuing Care Plan or anywhere else in the EHR. In regards to Client 1's medications, the Discharge Continuing Care Plan stated, "I have reviewed the medications listed upon Admission Medication Inventory/Reconciliation forms. A copy has been provided to the patient." It goes on to note the prescriptions were "called into a pharmacy." A nursing note completed by Registered Nurse D on 06/01/2022 states the prescriptions were "faxed" to a pharmacy. While reviewing Client 1's record, Education Registered Nurse E showed Surveyor where nurses enter the pharmacy into the EHR and have the prescriptions sent to the pharmacy electronically. The prescriptions are not faxed or called-in to the pharmacy unless the pharmacy doesn't accepted the prescriptions electronically. The pharmacy listed was Walgreens, located at 1933 West Court Street in Janesville. Education Registered Nurse E showed Surveyor in the EHR that all three prescriptions were electronically "accepted" by this Walgreens location. The Discharge Continuing Care Plan was inaccurate in stating the prescriptions were "called into a pharmacy."</p> <p>Client 1 had a Discharge Safety Plan dated 06/01/2022 and completed by Assessment and</p>	X9447		

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X9447	<p>Continued From page 6</p> <p>Referral Coordinator B. The Discharge Safety Plan listed three people that Client 1 could ask for help after discharge. There was no contact information for the three people listed. The Discharge Safety Plan listed the number for the provider and the number for the suicide prevention lifeline. The Discharge Safety Plan listed "Dane County Crisis," but there was no phone number listed. The Discharge Safety Plan was incomplete and did not provide sufficient information for Client 1 if she/he needed help after discharge.</p> <p>On 07/26/2022 at approximately 12:30p.m and 1:00p.m., Director of Outpatient Services F explained Client 1 wanted to be discharged to a men's homeless shelter in Janesville (Gifts Men's Shelter) and Assessment and Referral Coordinator B called the homeless shelter to make sure they would be able to take the client. Director of Outpatient Services F stated Assessment and Referral Coordinator B also made a referral to Rock County Comprehensive Community Services (CCS). Surveyor and Director of Outpatient Services F both confirmed, there was no documentation in the EHR of the referral or phone call with CCS. Surveyor and Director of Outpatient Services F both confirmed, there was no documentation in the EHR of the referral or phone call with Gifts Men's Shelter. Director of Outpatient Services F explained the discharge process for inpatient clients has changed since mid June 2022. Currently, the social work assigned to the client is responsible for following the discharge procedures and documentation for their clients.</p> <p>Surveyor reviewed the policy and procedure titled, Discharge and Continuing Care Planning. The policy and procedure is over 3 pages long and</p>	X9447		

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X9447	<p>Continued From page 7</p> <p>dated 07/01/2021. The policy states, "All patients shall receive relevant information concerning their continuing health needs," and "The therapist/case manager in consultation with other clinical disciplines, completes the discharge plan and assures all important elements of the discharge plan/care are included." The policy also states, "(provider name) shall maintain an effective, ongoing discharge planning program that coordinates with community resources to facilitate the provision of follow-up care to patients who are discharged" and "...the licensed nurse completes the discharge instructions and summary, which includes: a list of medications the patient is to continue on, upcoming appointments, and current information on community resources available for continuing care following the patient's discharge..." It does not appear staff followed all of the steps or documentation listed in the policy and procedure.</p> <p>The facility did not follow all the requirements under Wisconsin Administrative Code DHS 94.23(2), in regards to assisting the client in locating living quarters and other necessary transitional services. There was no evidence to show staff arranged for housing for Client 1 or made appropriate referrals for support services after discharge. Additionally, Wisconsin Chapter 51.35(4m) requires, prior to discharge, facilities refer patients with serious and persistent mental illness to the county community support programs (CSP) and assist clients in applying for public assistance for which they may qualify for. There was no evidence to show staff made a referral to CSP or assisted the client in applying for public assistance.</p> <p>On 07/26/2022 at approximately 1:45p.m., Surveyor discussed the above findings with Chief</p>	X9447			

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X9447	Continued From page 8 Executive Officer A, Education Registered Nurse E, and Quality Assurance Specialist I. Surveyor explained this would result in a citation.	X9447			